

**Mr. Chairman and Members of the Committee:**

**I am Dr. Richard Dolinar, an endocrinologist in private practice in Phoenix, Arizona, specializing in the treatment of diabetes. I earned my undergraduate degree at Siena College in Albany, New York, and my medical degree from the State University of New York at Buffalo. I did a fellowship in endocrinology and diabetes at Duke University. I am co-author, with Betty Breckenridge, of a book entitled *Diabetes 101*, a patient-oriented guide to this disease. It is in its 3<sup>rd</sup> edition and has been published in several languages. I am also a retired Air Force Colonel, a Vietnam veteran, and a former flight surgeon.**

**I mention my flight experience because I want to use an airplane analogy to make the case for the value of direct to consumer advertising of prescription drugs.**

**When you're flying and you smell smoke in the cockpit, you know that this is something that has to be addressed immediately and aggressively. If this problem is not addressed, the plane is likely to come down sooner than planned, at a place other than an airport, and the wheels are not going to be the first things that touch the ground.**

**If a patient's blood sugar is high, that's the smoke that warns of diabetes. Unless the problem is addressed immediately and aggressively, there will certainly be a crash – in the form of a heart attack, a stroke, kidney failure, amputation or blindness, all of which are complications of diabetes.**

**In my experience as an endocrinologist, direct to consumer advertising of prescription medicines is getting patients with diabetes into my office sooner, so they can be treated with effective medicines and avoid the dire complications of this disease. According to the American Diabetes Association, an estimated six million Americans have undiagnosed diabetes. This constitutes smoke in the cockpit of our health care system that, unless addressed, will lead to deadly, and costly, crashes.**

**People with diabetes make up about 6 percent of the U.S. population but account for 15 percent of health care costs – 15 cents out of every health care dollar. For Medicare, the percentage is even higher because 1 out of 5 people over age 65 has diabetes. Twenty-five percent of Medicare costs go toward diabetes. The majority of this expenditure goes to the complications of diabetes, complications that put patients in the hospital or on the surgery table and can make them disabled for life.**

**If we can get diabetes under control, we can avoid these complications, saving lives and money. That's why it's critical to diagnose diabetes promptly and treat it**

**aggressively. Direct to consumer advertising is helping us reach this important goal.**

**Direct to consumer advertising is bringing diabetes to the attention of people who might have it. It's pointing out the seriousness and possible complications of the disease. It's prompting people who may have diabetes in the family or may be feeling unusually tired, to see their doctors and be checked out. For people who are already diagnosed, the ads reinforce the fact that this is a chronic disease and that patients need to stay on their medicines.**

**Direct to consumer advertising is particularly critical in this era of managed care. Sadly, in many cases, the physician can no longer act as the patient's advocate. In health maintenance organizations, or HMOs, the physician is often forced into the uncomfortable position of being an adversary rather than an advocate. The way the system works, the physician makes more money if he or she provides less care. Although medicines, by helping avoid complications from diabetes, can save money in the long run, HMOs, unfortunately, focus on the short run, the bottom line for the current quarter. And, since patients tend to change insurers every two or three years, there is always the hope that when the patient crashes, it will be on another HMO's watch.**

**In this environment, the patient needs all the help he or she can get. Specifically, the patient needs information about disease and possible treatments. Armed with such information, a patient may be able to successfully navigate the HMO maze and get needed treatment. Direct to consumer advertising is an excellent source of information. Since it's regulated by the Food and Drug Administration, it's a far better source of information than the neighbor down the street or the unregulated Internet.**

**I dispute the notion that direct to consumer advertising burdens physicians. I find that patients who have seen ads for diabetes medicines are informed and easier to work with. They are aware of the disease, and they know that it can be treated. Perhaps more important, they know that treating the disease now can make a difference down the road. They're ahead of the game and willing to take new medicines that can help them avoid the complications of diabetes.**

**Nor do I feel that direct to consumer advertising puts pressure on doctors to prescribe unnecessary medicines. Quite often, patients with Type 1, or insulin-dependent, diabetes come in with an advertisement for a pill they hope will enable them to stop insulin injections. I simply level with these patients and tell them that these new medicines work only for Type 2 diabetes. They are disappointed, but accept the reality that these pills are not appropriate for them. I do not consider taking the time to explain this to patients an inconvenience, and I resent any**

**implication that I would allow pressure from direct-to-consumer advertising to influence my prescribing decisions.**

**If any of the members of this committee were buying a car or a house or even a television, I'm sure you would gather information about the purchase from a variety of sources. When it comes to health care, a much more critical decision, however, we seem to want to keep consumers in the dark. We need educated and informed consumers of health care. It's not right to withhold information about health care from patients. Direct-to-consumer advertising is an easily accessible, user-friendly, and FDA-regulated source of information about diseases and possible treatments.**

**To be against direct to consumer advertising is, in my mind, to be in favor of ignorance. Knowledge is power. That's why we're at this hearing, so we'll gain the knowledge to make the right decisions. Don't take knowledge away from them, too. How are patients to defend themselves and get the best care possible, if we limit both choice and knowledge?**

**For the sake of patients, I ask that you vote against ignorance and refrain from placing further restrictions on direct to consumer advertising of prescription medicines.**

**Thank you very much. I would be happy to take any questions.**